



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090600001

CITY OR TOWN NORTHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTHFIELD & MOUNT HERMON SCHOOLS

DOING BUSINESS A NORTHFIELD INN GOLF COURSE

ADDRESS HOLTON ST. HGLND AV

CITY/TOWN: NORTHFIELD

STATE: MA

ZIP CODE: 01360

MANAGER: FRANZOSO,
MARY L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GOLF CLUBHOUSE 1-STORY WOOD FRAME APPROX. 1.000 SQ. FT.W/3 EXITS/ENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090600002

CITY OR TOWN NORTHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VASILIOS PARIOS

DOING BUSINESS A NORTHFIELD PIZZA HOUSE

ADDRESS 198 MAIN ST.

CITY/TOWN: NORTHFIELD

STATE: MA

ZIP CODE: 01360

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONTAINING ONE LARGE ROOM WITH SEATING CAP. FOR APPROX. 52 PERSONS, 2
RESTROOMS, KITCHEN & STORAGE, ALL ON GROUND FLOOR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090600003

CITY OR TOWN NORTHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARNES WILLIAM

DOING BUSINESS AS NORTHFIELD FOOD MART

ADDRESS 74 MAIN ST

CITY/TOWN: NORTHFIELD

STATE: MA

ZIP CODE: 01360

MANAGER: WILLIAM L.
BARNES

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONTAINING 5600 SQ. FT. MORE OR LESS. PREMISES COMPRISED OF GROCERY
STORE ON FIRST FLOOR OF APPROX. 2600 SQ. FT. PLUS 200 SQ. FT. MORE OR LESS,
STORAGE AREA, ONE ENTRANCE/EXIT AT CENTER FRONT OF STORE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090600005

CITY OR TOWN NORTHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KIMBERLY A. FARMER

DOING BUSINESS AS MIM'S MARKET

ADDRESS 60 MAIN ST.

CITY/TOWN: NORTHFIELD

STATE: MA

ZIP CODE: 01360

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF APPROX 1000 SQ FT OF RETAIL STORE SPACE; ONE CUSTOMER
ENTRANCE AT FRONT OF STORE AND EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090600007

CITY OR TOWN NORTHFIELD

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Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CORINNE M. ALLEN

DOING BUSINESS AS ROOSTER'S BISTRO

ADDRESS 74 B MAIN STREET

CITY/TOWN: NORTHFIELD

STATE: MA

ZIP CODE: 01360

MANAGER: PAULSEN, CORINNE TYPE OF LICENSE: Restaurant
E.,

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEATS 38. LOCATION HAS 2 EGRESS. MAIN DINING AREA CONTAINS TABLE SEATING AND COUNTER SEATING. OPEN VIEW GRILL TO THE REAR IS THE KITCHEN AND PUBLIC BARHOURS. BUILDING IS NOT HANDICAP ACCESSIBLE. STORAGE IS LOCATED IN THE DRY CELLAR WITH SAME AREA FOOTAGE AS RESTAURANT.

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